

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Title Industry Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends of Dennis Ross**

Mailing Address 133 South Harbor Drive

City Venice State FL Zip Code 34285

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Dennis A. Ross**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		2	1		2	0	1	3		

**Transaction ID : 3A54CEA3F08E751E3E5**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

**B. Friends of Jeb Hensarling**

Mailing Address PO Box 820504

City Dallas State TX Zip Code 75382-0504

Purpose of Disbursement  
2014 General

011

Candidate Name

**Thomas Jeb Hensarling**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		2	1		2	0	1	3		

**Transaction ID : 7AA73B50EC02F4A9C46**

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

**C. Friends of Jeb Hensarling**

Mailing Address PO Box 820504

City Dallas State TX Zip Code 75382-0504

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Thomas Jeb Hensarling**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		2	1		2	0	1	3		

**Transaction ID : BE4A96085B698BEA82D**

Amount of Each Disbursement this Period

4	0	0	0	.	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1	1	5	0	0	.	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

1	1	5	0	0	.	0	0
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